

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 551293

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10		1				
11	1					
12			1			
13						
14	1					
15		1				
16	1					
17			1			
18						
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20	1					
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24	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	25	↔		↔		↔
TOTAL CLAIMS	33	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				████		
TOTAL DEP.					████	
TOTAL CLAIMS		████████	████████	████████	████████	████████